	øesi /	andinde (	-Opy -	PAS	E,	105	2
	ICATION FEE DETE		CORD	Application D91/p	or D	ocket Num	nber
	AIMS AS FILED - PA (Column 1)	(Column 2)	SMA Typ	LL ENTITY	OR	OTHER SMALL	
FOR	NUMBER FILED	NUMBER EXTRA	RAT	E FEE		RATE	FEE
BASIC FEE				345.00	OR	į	690.00
TOTAL CLAIMS	minus 20=	•	X\$ 9	=	OR	X\$18=	
INDEPENDENT CLAIMS		•	X39	=	OR	X78=	
MULTIPLE DEPENDENT	CLAIM PRESENT		+130	=	OR	+260=	

TOTAL

		(Column 1)	•	(Column 2)	(Column 3)	
AMENDMENT A		CLAIMS REMAINING AFTER AMENOMENT	***	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
<b>2</b>	Total :	. 20	Minus	. 20	= 0	
	Independent	. 3	Minus	3	= X	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

**CLAIMS AS AMENDED - PART II** 

		OTHER THAN
SMALL ENTITY	OR	SMALL ENTITY

OR TOTAL

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=	_	OR	86.00	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

		(Column 1)		(Column 2)	(Column 3)	
DMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
MON	Total	.29	Minus	-20	= 9	
AMENI	Independent	• 5	Minus	<del></del> 3	= 2	
<b>Q</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	ص دعا
X39=		OR	XF-50	179.00
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

5	14/04	(Column 1)		(Column 2)	(Column 3)	
ENT C	AF	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
AMENDMENT	Total	. 29	Minus	29	= Ø	
ZE	Independent	• 5	Minus	··· 5	= 80	
æ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

ADDI-ADDI-RATE TIONAL RATE TIONAL FEE FEE X\$ 9= X\$18= OR X39= X78= OR +130= +260= OR TOTAL OR ADDIT. FEE ADDIT, FEE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For". (Total or Independent) is the highest number found in the appropriate box in column 1.

Age 2 of 2

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\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, our roll of process) an application. Confidentiality is governed by 35 0.3.0. 122 and 37 GFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.